



Government of the District of Columbia — Department of Public Works — Bureau of Motor Vehicle Services
APPLICATION FOR: D.C. MOTOR VEHICLE DRIVER'S LICENSE / VOTER REGISTRATION



SECTION 1: Check the proper boxes for YOUR application

☒ **CHECK ONE BOX**

- ☐ Operator's Permit
☐ Learner's Permit
☐ Non-Driver's ID

☒ **CHECK ONE BOX**

- ☐ New
☐ Renewal →
☐ Duplicate →

If renewal or duplicate, are you filing a change of address? ☐ Yes ☐ No

If yes, do you want the new address to be used for voting purposes? ☐ Yes ☐ No

SECTION 2: Fill in this section completely. PRINT WITH BALLPOINT PEN

Your Full Name (Last Name) (First Name) (Middle Name)

Current Residence (Street Address) Apt. No.

City and State ZIP Code

Mailing Address (if different, for voter registration purposes) ZIP Code

Date of Birth Sex Weight Height Color of Eyes Social Security Number
Mo. Day Yr. Ft. In.

Do you wish to be Organ/Tissue Donor? ☐ Yes ☐ No

Are you a citizen of the United States? (for voter registration only) ☐ Yes ☐ No

SECTION 3: (Change of Name Applicants ONLY). PRINT WITH BALLPOINT PEN

Previously Recorded Name of Applicant (Last Name) (First Name) (Middle Name)

Court Record Number (If Applicable)

SECTION 4: (Check YES or NO for the following questions)

- Has your permit or privilege to drive EVER been suspended, revoked, or refused in the District of Columbia or elsewhere? ☐ Yes ☐ No If Yes, where? _____
- Has it been restored? ☐ Yes ☐ No If Yes, give date of restoration _____
- Do you have in your possession a valid operator's permit? ☐ Yes ☐ No If Yes, where was it issued? _____
- Do you have good natural eyesight for driving? ☐ Yes ☐ No If NO, do you wear ☐ glasses or ☐ contact lenses

SECTION 5: (Check YES or NO for the following questions)

Have you ever had, or been treated for, any of the following:

- Stroke or Paralysis ☐ Yes ☐ No Mental Disorder ☐ Yes ☐ No Glaucoma, Cataracts, or Other Eye Disease ☐ Yes ☐ No Seizure Disorder or Fainting Spells ☐ Yes ☐ No
Loss of Function in an Extremity ☐ Yes ☐ No Any Brain Disorder ☐ Yes ☐ No Any Heart Disorder ☐ Yes ☐ No Poor Muscle Control or Dizzy Spells ☐ Yes ☐ No
Alcoholism or Other Drug Abuse ☐ Yes ☐ No Diabetes ☐ Yes ☐ No

Have you any physical defects not mentioned above, either temporary or permanent? ☐ Yes ☐ No

If YES, explain briefly _____

PHYSICIAN'S CERTIFICATE (Required for applicants 70 years of age and above)

I have examined this applicant and find him/her physically and mentally competent to operate a motor vehicle safely

(Signature of Physician) (Address, including ZIP Code) (Telephone Number) (Date)

SECTION 6: Applicant's Certificate

I certify by my signature, under penalties of perjury, that the information given in this application is true to the best of my knowledge and belief.

Signature _____ Date _____

TO REGISTER TO VOTE IN THE DISTRICT OF COLUMBIA, COMPLETE AND SIGN FORM BELOW

You may also use form below to file a CHANGE of name, address, or party with the Board of Elections

FOR BOEE USE ONLY

Registration No. _____

Date of Registration _____

Clerk _____

SECTION 7: Choosing Your Party (Check ONE Box)

- ☐ Democratic Party
☐ Republican Party
☐ D.C. Statehood Party
☐ Umoja Party
☐ No Party (independent)
☐ Other Party (write name below) _____

PLEASE NOTE

To vote in a PRIMARY election in the District of Columbia, you must be registered with either the Democratic, Republican, D.C. Statehood or Umoja Party.

SECTION 8: Name and Address on Last Voter Registration

Name _____

Address _____

(If outside D.C., include county and state)

SECTION 9: Voter Declaration - Read and Sign Below

I swear or affirm that:

- I am a U.S. Citizen - Soy ciudadano de los EEUU
- I live in the District of Columbia at the address above
- I will be at least 18 years old on or before the next election
- I am not in jail on a felony conviction
- I have not been judged "mentally incompetent" in a court of law
- I do not claim the right to vote anywhere outside D.C.

Signature _____ Date _____

Daytime Telephone No.: (optional) _____

WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years.